

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/1508,422

FILING DATE

2-14-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/	-	/			
3	/	-	/			
4	/	-	/			
5	/	-	/			
6	/	-	/			
7	/	-	/			
8	/	-	/			
9	/	-	/			
10	/	-	/			
11	/	-	/			
12	/	-	/			
13	/	-	/			
14	/		/			
15	/	-	/			
16	/	-	/			
17	/	-	/			
18	/	-	/			
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	34	←	17	←		←
TOTAL CLAIMS	37	[REDACTED]	20	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.					←	←
TOTAL CLAIMS					[REDACTED]	[REDACTED]